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| <b>FEE TRANSMITTAL</b><br><b>OCT 07 2003 for FY 2004</b><br><i>Effective 10/01/2003. Patent fees are subject to annual revision.</i> |  | <b>Complete if Known</b>  |  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | Application Number: 09/722,647<br>Filing Date: November 7, 2000<br>First Named Inventor: Carey COOPER<br>Examiner Name: Michael Safavi<br>Art Unit: 3673<br>Attorney Docket No.: 004707.84238 |  |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$) 860  |  |   |  |

| <b>METHOD OF PAYMENT (check all that apply)</b><br><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: 19-0733<br>Deposit Account Name: Banner & Witcoff, LTD.<br><b>The Director is authorized to: (check all that apply)</b><br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   |          |              |          |  | <b>FEE CALCULATION (continued)</b> |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
|--|----------|--------------|----------|--|------------------------------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|------|------|------|------------------------|--------------------|----|------|-----|-----------------------------------|------|-------------------|------|------|---------------------------------------|------|-----|------------------|----|--|------|------|------|--------------------|--|---------------------|-----|------|----|------------------------|--|---------------------|--|--|--|--|--------|---|--|--|--|--|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|------|-----|------|----|-------------------------------------|--|------|----|------|----|--|--|------|-----|------|-----|---------------------------|--|------|-------|------|-------|--|--|------|------|------|------|--|--|------|--------|------|--------|---|--|------|-----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|-----|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|------------------------------|--|------|-------|------|-----|------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-----------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|-----|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|---------------------|--|--|--|--|--------|
| <b>1. BASIC FILING FEE</b>   |          |              |          |  | <b>3. ADDITIONAL FEES</b>          |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>530</td> <td>2003</td> <td>265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td></td> <td>(\$ 0)</td> </tr> </table>           |          |              |          |  | Large Entity                       |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1001 | 770  | 2001 | 385                    | Utility filing fee |    | 1002 | 340 | 2002                              | 170  | Design filing fee |      | 1003 | 530                                   | 2003 | 265 | Plant filing fee |    | 1004   | 770  | 2004 | 385  | Reissue filing fee |  | 1005                | 160 | 2005 | 80 | Provisional filing fee |  | <b>SUBTOTAL (1)</b> |  |  |  |  | (\$ 0) | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>420</td> <td>2252</td> <td>210</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>950</td> <td>2253</td> <td>475</td> <td>Extension for reply within third month</td> <td>475</td> </tr> <tr> <td>1254</td> <td>1,480</td> <td>2254</td> <td>740</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2,010</td> <td>2255</td> <td>1,005</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>330</td> <td>2401</td> <td>165</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>330</td> <td>2402</td> <td>165</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>290</td> <td>2403</td> <td>145</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive - utility</td> <td></td> </tr> <tr> <td>1453</td> <td>1,330</td> <td>2453</td> <td>665</td> <td>Petition to revive - utility</td> <td></td> </tr> <tr> <td>1501</td> <td>1,330</td> <td>2501</td> <td>665</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>1502</td> <td>480</td> <td>2502</td> <td>240</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>1503</td> <td>640</td> <td>2503</td> <td>320</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Processing fee under 37 CFR 1.101</td> <td></td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>1809</td> <td>770</td> <td>2809</td> <td>385</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>1810</td> <td>770</td> <td>2810</td> <td>385</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td>1801</td> <td>770</td> <td>2801</td> <td>385</td> <td>Request for Continued Examination (RCE)</td> <td>385</td> </tr> <tr> <td>1802</td> <td>900</td> <td>1802</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="6">Other fee (specify) _____</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td></td> <td>(\$ 0)</td> </tr> </table> |  |  |  |  | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath |  | 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet |  | 1053 | 130 | 1053 | 130 | Non-English specification |  | 1812 | 2,520 | 1812 | 2,520 | For filing a request for reexamination |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 420 | 2252 | 210 | Extension for reply within second month |  | 1253 | 950 | 2253 | 475 | Extension for reply within third month | 475 | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - utility |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - utility |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.101 |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) | 385 | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | <b>SUBTOTAL (2)</b> |  |  |  |  | (\$ 0) |
| Large Entity   |          | Small Entity |          | Fee Description  | Fee Paid                           |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| Fee Code   | Fee (\$) | Fee Code     | Fee (\$) |  |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1001   | 770      | 2001         | 385      | Utility filing fee   |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1002   | 340      | 2002         | 170      | Design filing fee  |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1003   | 530      | 2003         | 265      | Plant filing fee   |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1004   | 770      | 2004         | 385      | Reissue filing fee   |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1005   | 160      | 2005         | 80       | Provisional filing fee   |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| <b>SUBTOTAL (1)</b>  |          |              |          |  | (\$ 0)                             |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| Large Entity   |          | Small Entity |          | Fee Description  | Fee Paid                           |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| Fee Code   | Fee (\$) | Fee Code     | Fee (\$) |  |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1051   | 130      | 2051         | 65       | Surcharge - late filing fee or oath  |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1052   | 50       | 2052         | 25       | Surcharge - late provisional filing fee or cover sheet                     |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1053   | 130      | 1053         | 130      | Non-English specification  |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1812   | 2,520    | 1812         | 2,520    | For filing a request for reexamination                                     |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1804   | 920*     | 1804         | 920*     | Requesting publication of SIR prior to Examiner action                     |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1805   | 1,840*   | 1805         | 1,840*   | Requesting publication of SIR after Examiner action                        |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1251   | 110      | 2251         | 55       | Extension for reply within first month                                     |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1252   | 420      | 2252         | 210      | Extension for reply within second month                                    |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1253   | 950      | 2253         | 475      | Extension for reply within third month                                     | 475                                |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1254   | 1,480    | 2254         | 740      | Extension for reply within fourth month                                    |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1255   | 2,010    | 2255         | 1,005    | Extension for reply within fifth month                                     |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1401   | 330      | 2401         | 165      | Notice of Appeal   |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1402   | 330      | 2402         | 165      | Filing a brief in support of an appeal                                     |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1403   | 290      | 2403         | 145      | Request for oral hearing   |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1451   | 1,510    | 1451         | 1,510    | Petition to institute a public use proceeding                              |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1452   | 110      | 2452         | 55       | Petition to revive - utility   |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1453   | 1,330    | 2453         | 665      | Petition to revive - utility   |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1501   | 1,330    | 2501         | 665      | Utility issue fee (or reissue)   |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1502   | 480      | 2502         | 240      | Design issue fee   |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1503   | 640      | 2503         | 320      | Plant issue fee  |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1460   | 130      | 1460         | 130      | Petitions to the Commissioner  |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1807   | 50       | 1807         | 50       | Processing fee under 37 CFR 1.101  |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1806   | 180      | 1806         | 180      | Submission of Information Disclosure Stmt                                  |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 8021   | 40       | 8021         | 40       | Recording each patent assignment per property (times number of properties) |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1809   | 770      | 2809         | 385      | Filing a submission after final rejection (37 CFR § 1.129(a))              |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1810   | 770      | 2810         | 385      | For each additional invention to be examined (37 CFR § 1.129(b))           |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1801   | 770      | 2801         | 385      | Request for Continued Examination (RCE)                                    | 385                                |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1802   | 900      | 1802         | 900      | Request for expedited examination of a design application                  |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| Other fee (specify) _____  |          |              |          |  |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| <b>SUBTOTAL (2)</b>  |          |              |          |  | (\$ 0)                             |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>   |          |              |          |  | <b>SUBTOTAL (3)</b> \$860          |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| Total Claims: <input type="text"/> ** = <input type="text"/> X <input type="text"/> = <input type="text"/><br>Independent Claims: <input type="text"/> ** = <input type="text"/> X <input type="text"/> = <input type="text"/><br>Multiple Dependent: <input type="text"/> X <input type="text"/> = <input type="text"/>   |          |              |          |  |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>** Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(\$ 0)</td> </tr> </table> |          |              |          |  | Large Entity                       |  | Small Entity |  | Fee Description | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202     | 18   | 2202 | 9    | Claims in excess of 20 | 1201               | 86 | 2201 | 43  | Independent claims in excess of 3 | 1203 | 290               | 2203 | 145  | Multiple dependent claim, if not paid | 1204 | 86  | 2204             | 43 | ** Reissue independent claims over original patent | 1205 | 18   | 2205 | 9                  | ** Reissue claims in excess of 20 and over original patent | <b>SUBTOTAL (2)</b> |     |      |    | (\$ 0)                 |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| Large Entity   |          | Small Entity |          | Fee Description  |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| Fee Code   | Fee (\$) | Fee Code     | Fee (\$) |  |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1202   | 18       | 2202         | 9        | Claims in excess of 20   |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1201   | 86       | 2201         | 43       | Independent claims in excess of 3  |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1203   | 290      | 2203         | 145      | Multiple dependent claim, if not paid                                      |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1204   | 86       | 2204         | 43       | ** Reissue independent claims over original patent                         |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| 1205   | 18       | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent                 |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |
| <b>SUBTOTAL (2)</b>  |          |              |          | (\$ 0)   |                                    |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                    |    |      |     |                                   |      |                   |      |      |                                       |      |     |                  |    |  |      |      |      |                    |  |                     |     |      |    |                        |  |                     |  |  |  |  |        |   |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |     |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                              |  |      |       |      |     |                              |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |        |

|                     |                    |                                   |        |                                 |                 |
|---------------------|--------------------|-----------------------------------|--------|---------------------------------|-----------------|
| <b>SUBMITTED BY</b> |                    |                                   |        | <b>Complete (if applicable)</b> |                 |
| Name (Print/Type)   | Darrell G. Mottley | Registration No. (Attorney/Agent) | 42,912 | Telephone                       | (202) 824-3000  |
| Signature           |                    |                                   |        | Date                            | October 7, 2003 |

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